

Toddler Needs and Service Plan

Child's Name _____ Date of birth _____

Mother's Name _____ Daytime phone _____

Father's Name _____ Daytime phone _____

Feeding

What is your child's feeding schedule? _____

Uses a Sippy cup? Yes No

Foods

Does your child eat: Baby foods _____ Table Food _____ (menu will be provided)

List all food allergies, food sensitivities, or feeding issues:

Any special instructions you would like us to follow regarding your child's eating pattern? _____

Sleeping

Does your child use a pacifier? Yes No

What is your child's current sleeping schedule? _____

Can you tell us anything about your child's sleeping habits that might be helpful? _____

General Information

Does your child have any special needs? _____

Is there any other information you would like us to know about your child so that we may give them the best possible care? _____

Parent Signature _____ Date: _____